The role of minimally invasive surgery in abdominal complications

Fausto Rosa

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The speaker, a surgeon, presented the case management of a postoperative pelvic abscess in Crohn disease and discussed the role of minimally invasive and robotic surgery in reducing complications in inflammatory bowel disease.

KEY POINTS

- A young man with Crohn disease developed a pelvic abscess on postoperative day four after laparoscopic colonic resection; the abscess was successfully managed laparoscopically with drainage and the patient was discharged three days later.
- The speaker stated that postoperative complication rates in inflammatory bowel disease can reach 20 percent, with anastomotic leak rates up to 20 percent and pouch failure rates up to 5 percent.
- Minimally invasive surgery in inflammatory bowel disease is associated with very low rates of adhesion formation, which the speaker noted is important since these patients require further surgical interventions.
- The speaker reported that in their experience with new stapling devices, two-row circular staplers demonstrated lower cases of anastomotic leakage compared to other techniques.
- The speaker recommended that minimally invasive surgery should be used when possible and advocated for early surgery referral, stating that earlier referral leads to better outcomes.
- During the question-and-answer session, panelists discussed appendicectomy for ulcerative colitis prevention, noting that evidence from the Dutch Cure trial and Cure UK is insufficient to recommend the procedure universally, though complications are very low and some centers use it selectively for left-sided colitis patients.

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